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Apr 14 1997 8:00am
Secretary of State



PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 582372 (9)
1. Corporation Name
F. K. INSTRUMENT CO., INC.



Principal Place of Business: 2134 SUNNYDALE BLVD. CLEARWATER FL 34625
Mailing Address: 2134 SUNNYDALE BLVD. CLEARWATER FL 34625-1274

3. Date Incorporated or Qualified: 08/16/1978
3a. Date of Last Report: 07/11/1996
4. FEI Number: 59-1843057
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
City & State: 27
Zip: 28
Country: 29

9. Name and Address of Current Registered Agent: KLOPFER, ALFRED H. 2134 SUNNYDALE BLVD CLEARWATER FL 34625
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: KLOPFER, ALFRED H	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: 1536 STURBRIDGE CT	CITY-ST-ZIP: DUNEDIN FL	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: VST	NAME: KRIS, BARBARA	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 65 HICKORY GAP ROAD	CITY-ST-ZIP: FRANKLIN NC	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: D	NAME: KRIS, BARBARA	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 65 HICKORY GAP ROAD	CITY-ST-ZIP: FRANKLIN NC	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE:	NAME:	4.1 TITLE:	4.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara Kris* Barbara Kris 4-7-97 461-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)